CITY AIR EXPRESS	CUSTOMER COMPLAINT/ SERVICE FAILURE REPORT	FORM NO: QA-FM-07 REVISION: A DATE:
REPORT NO: CC/.....	RECEIVED BY:	DATE: TIME:

SENDER:	AGENT:	COMPANY NAME:

DEFAULTING SERVICE :	Collection		CUSTOMER:	Pleasant -	
	In-transit			Concerned -	
	Delivery			Annoyed -	

CONTACT NAME:
ADDRESS:

POSITION:
TELEPHONE NO:
FAX NO:
AVAILABLE AT (TIME):

FULL DETAILS OF COMPLAINT/SERVICE FAILURE:

AIRBILL NO: DATE SENT: DATE ARRIVED:

ACTION BY:

IMMEDIATE ACTION TAKEN:

RESPONSE TIME TO US:
CUSTOMER RESPONSE:

RESPONSE TIME TO CUSTOMER:

RECOMMENDATIONS TO PREVENT RECURRENCE:

REVIEW OF ACTION TAKEN AND ADDITIONAL RECOMMENDATIONS:

REPORT CIRCULATION: SIGNATURE: